December 2020

Florida Department of Health - Hillsborough County
Disease Surveillance Newsletter

Director

Douglas Holt, MD 813.307.8008

Medical Director (HIV/STD/EPI)

Charurut Somboonwit, MD 813.307.8008

Medical Director (TB/Refugee)

Beata Casanas, MD 813.307.8008

Medical Director (Vaccine Outreach)

Jamie P. Morano, MD, MPH 813.307.8008

Community Health Director

Leslene Gordon, PhD, RD, LD/N 813.559.4165

Disease Control Director

Carlos Mercado, MBA 813.559.4345

Environmental Administrator

Brian Miller, RS 813.559.4348

Epidemiology

Michael Wiese, MPH, CPH 813.307.8010 Fax 813.276.2981

TO REPORT A DISEASE:

Epidemiology

813.307.8010

After Hours Emergency

813.307.8000

HIV/AIDS Surveillance

Erica Botting 813.307.8011

Lead Poisoning

Natasha Rubie 813.559.4181 Fax 813.307.8094

Sexually Transmitted Disease

Jesse Kline 813.307.8058 Fax 813.307.8027

Tuberculosis

Irma B. Polster 813.559.4654 Fax 813.975.2014

Articles and Attachments Included This Month

Health Advisories and Alerts	1
January-December 2020 Reportable Disease Summary	2
2019 Novel Coronavirus Information	4
COVID-19 Surveillance	5
County Influenza Report	6
Reportable Diseases/Conditions in Florida, Practitioner List	8
FDOH, Practitioner Disease Report Form	9

Health Advisories, News, and Alerts

- CDC's Information on COVID-19 Vaccines
- DOH-Hillsborough COVID-19 Vaccine Distribution Update from 12.16.2020
- Information from the FDA about the Pfizer COVID-19 Vaccine
- Information from the FDA as of 12.17.2020 about the <u>Moderna</u> COVID-19 Vaccine

CDC Travel Notices:

- <u>Travel tips during COVID-19</u> Please be advised traveling can increase the spread of COVID-19 and the best way to prevent transmission is to stay home.
- <u>Rift Valley Fever in Mauritania</u> An outbreak of Rift Valley Fever, a mosquito-borne virus is occurring in Northwest Africa.
- <u>Yellow Fever in Nigeria</u> An outbreak of Yellow Fever was first reported in November 2020 in Nigeria, another mosquito-borne virus.

Mission: To protect, promote & improve the health of all people in Florida through integrated state & community

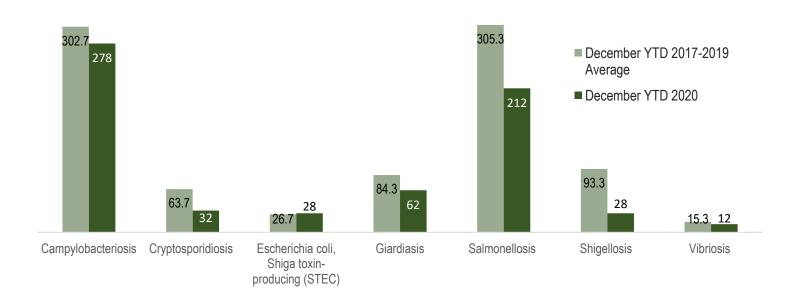
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Vision: To be the Healthiest State in the Nation

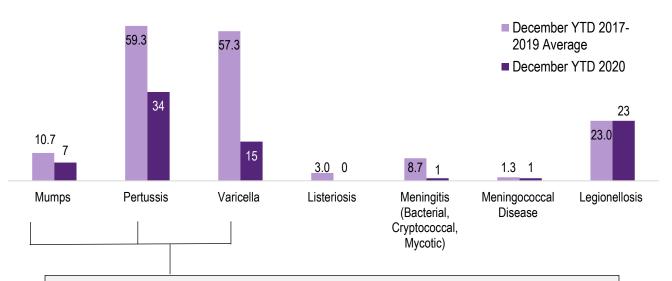


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January-December Reportable Disease Summary - Enteric Infections

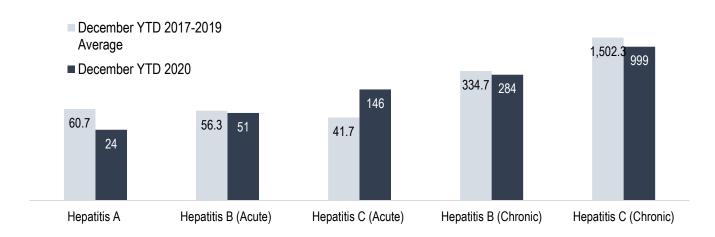


January-December Reportable Disease Summary - Other Common Reportable Infections

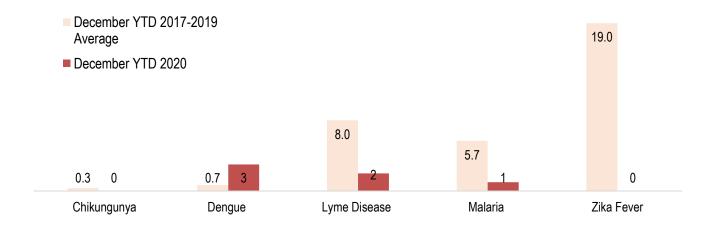


These vaccine reportable diseases are summarized monthly in the state Vaccine Preventable Disease Report, which is available online at: http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease-vaccine-preventable-disease-report-archive.html

January-December Reportable Disease Summary - Viral Hepatitis



January-December Reportable Disease Summary – Arboviral Infections



Cases of any infection are reported based on the county where the person's home address is. Hillsborough County has no reported infections of mosquito-borne diseases this year. In 2020, Hillsborough County has reported two infections of Lyme Disease, a tick-borne disease. Both cases were exposed in the Northeastern region of the United States.

The Florida Department of Health releases a weekly arboviral surveillance report that is available here: http://www.floridahealth.gov/%5C/diseases-and-conditions/mosquito-borne-diseases/surveillance.html

The data in these charts represent the most common reportable diseases investigated by the Epidemiology Program. All of the state's reportable disease data is available for the public to search on FL CHARTS here:

http://www.flhealthcharts.com/charts/CommunicableDiseases/default.aspx To build your own search, click on the link for "Reportable Diseases Frequency Report".

The case numbers for 2020 are provisional and subject to change until the yearly database is closed, usually around April of the following year. Once the numbers are finalized, the state puts together a comprehensive Florida Annual Morbidity Statistics Report that details case trends and notable outbreak investigations. The report for 2017 and previous years are available at: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html

2019 Novel Coronavirus Information & Statistics Worldwide

- <u>Frequently Asked Questions and Answers</u> provided by the CDC regarding the spread, prevention, testing, contact tracing and vaccinations regarding COVID-19
- <u>Novel Coronavirus Information for Travelers</u> provided by the CDC if you are considering travelling, when to delay travel, and travel recommendations by destination.
- Clinical information for healthcare providers when evaluating patients for possible 2019-nCoV.
- <u>Interim Infection Prevention and Control Recommendations</u> for patients with known or patients under investigation for 2019 Novel Coronavirus (2019-nCoV) in a healthcare setting
- Situation summary of <u>Cases in the US</u> regarding COVID-19 including case trends, demographics, and forecasting provided by the CDC.
- GIS Map of Current Cases Worldwide including COVID-19 data broken down by each country and in the U.S. provided by Johns Hopkins University.
- Latest News Updates from CDC on 2019-nCoV with a list of resources available.

How to get tested for COVID-19?

- Call Hillsborough County COVID hotline at 888-513-6321 or visit www.hillsboroughcounty.org/staysafe to book an appointment
- If you have questions regarding the vaccine you may call the state hotline at 886-779-6121 or email your questions to COVID-19@flhealth.gov

Hillsborough County COVID-19 Surveillance 2019-2020

The link to the Hillsborough County weekly COVID-19 surveillance report can be found here

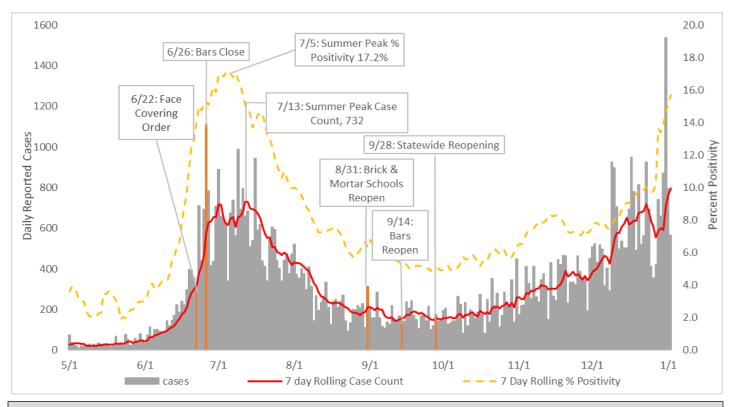


Figure 1: Daily new COVID-19 cases and percent positivity trends in Hillsborough County residents. Hillsborough county has reported 81,105 cases as of January 4th, 2021.

Total cases	ases 81,105		Cases		Hospitalizations		Deaths	
Florida residents	80,431	White	35,725	44%	1,433	56%	726	66%
Non-Florida residents	674	Hispanic	12,789	16%	436	17%	161	15%
	074	Non-Hispanic	19,842	25%	879	35%	482	44%
Type of case		Unknown ethnicity	3,094	4%	118	5%	83	8%
PCR positive	68,431	Black	9,740	12%	603	24%	171	16%
r Cit positive		Hispanic	762	1%	21	1%	5	0%
Antigen positive	12,000	Non-Hispanic	8,058	10%	550	22%	151	14%
Gender for Florida residents		Unknown ethnicity	920	1%	32	1%	15	1%
			12,660	16%	444	17%	155	14%
Men	36,983	Hispanic	6,818	8%	266	10%	79	7%
Women	42,648	Non-Hispanic	3,689	5%	136	5%	53	5%
Unknown	800	Unknown ethnicity	2,153	3%	42	2%	23	2%
		Unknown race	22,306	28%	66	3%	41	4%
Age for Florida residents		Hispanic	2,127	3%	7	0%	3	0%
Range	0 - 110	Non-Hispanic	1,187	1%	6	0%	0	0%
_		Unknown ethnicity	18,992	24%	53	2%	38	3%
Median age	37	Total	80,431	2,546		1,093		

Figure 2 & 3: Summary statistics of COVID-19 in Hillsborough County including cases broken down by testing type, gender, median age, and race/ethnicity as of January 4th, 2021.

Hillsborough County Influenza Report 2020

Flu Level:

LOW RISK

Flu Trend:

Stable

Flu Activity This Week (December 27 – January 2)

- Influenza activity remained stable in week 53, however flu activity is still at low levels in Hillsborough County.
- Positive influenza labs overall remained stable Flu types A and B have been evenly distributed in the past week.
- No influenza outbreaks were reported in week 53.

Flu Activity This Season (September 27 – January 2)

- Total Outbreaks: No outbreaks of influenza or ILI have been reported during the 2019-2020 flu season.
- Total Deaths: Hillsborough County has reported **no** pediatric

For statewide data see the Florida Flu Review.

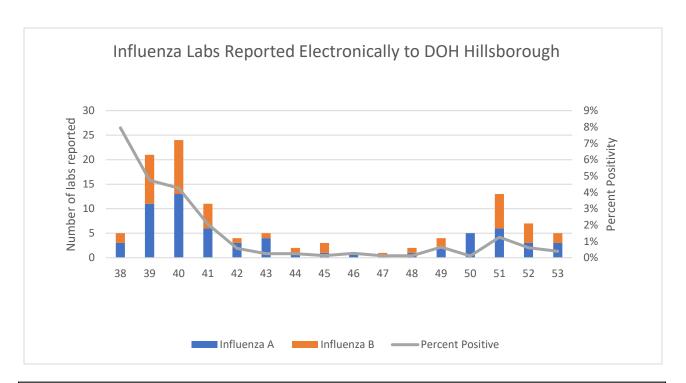


Figure 4: In week 53, the percentage of positive influenza tests slightly increased for influenza A and decreased for influenza B. Overall the percentage of tests positive remained around the same level.

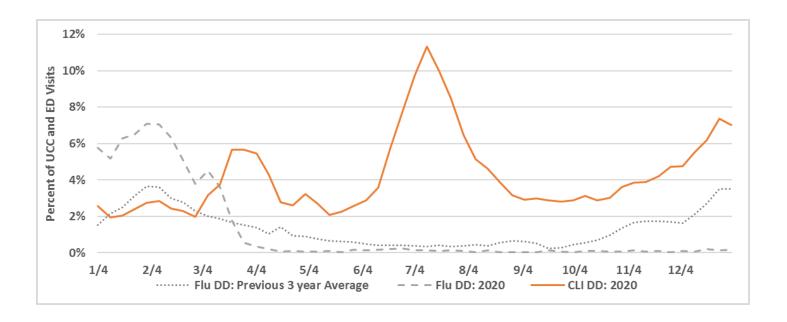


Fig 5: Percentage of Urgent Care Center, Hospital, and Emergency Department visits with a discharge diagnosis for influenza, or COVID like illness in Hillsborough County. Visits remain well below the historical values for flu.

Additional notes about data sources and data collection for the charts used in this newsletter:

Merlin reportable disease database: Merlin serves as the state's repository of reportable disease case reports, including automated notification of staff about individual cases of high-priority diseases. Access to Merlin is available only to approved Department of Health employees. COVID data is entered in Merlin in multiple ways. Data fields associated with Electronic Lab Reports (ELRs) or electronic case reports will be auto populated when available. As the data is collected from case investigations the Merlin database will be updated. Some data elements, such as deaths and group care associations (Jails, LTCFs, and Schools) are reviewed by local and state staff for accuracy. Data within Merlin is considered provisional and is subject to change.

ESSENCE-FL: The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a biosurveillance system that collects emergency department chief complaint data from participating hospitals and urgent care centers in Florida, call data from the Florida Poison Information Center Network, reportable disease data from the Merlin database, and mortality data from the Florida Office of Vital Statistics. The objective of this surveillance system is to provide the epidemiologist with the data sources and analytic tools needed to identify outbreaks or unusual trends more rapidly, leading to a timelier public health response.

Reportable Diseases/Conditions in Florida



Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!

Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- Report immediately 24/7 by phone
- Report next business day
- Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune
- deficiency syndrome (AIDS)
- Amebic encephalitis
- ! Anthrax
- Arsenic poisoning
- ! Arboviral diseases not otherwise listed
- Babesiosis
- Botulism, foodborne, wound, and unspecified
- Botulism, infant
- Brucellosis
- California serogroup virus disease
- Campylobacteriosis
- Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- Carbon monoxide poisoning
- Chancroid
- Chikungunya fever
- R Chikungunya fever, locally acquired
- Chlamvdia
- ! Cholera (Vibrio cholerae type O1)
- · Ciguatera fish poisoning
- + Congenital anomalies
- Conjunctivitis in neonates <14 days old
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- Escherichia coli infection, Shiga toxinproducing
- Giardiasis, acute
- ! Glanders
- Gonorrhea
- Granuloma inguinale

- Haemophilus influenzae invasive disease in children <5 years old</p>
- Hansen's disease (leprosy)
- R Hantavirus infection
- Memolytic uremic syndrome (HUS)
- R Henatitis A
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen in pregnant women and children <2 years old
- Herpes B virus, possible exposure
- Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- Human immunodeficiency virus (HIV) infection
- HIV-exposed infants <18 months old born to an HIV-infected woman
- Human papillomavirus (HPV)associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- Influenza-associated pediatric mortality in children <18 years old</p>
- Lead poisoning (blood lead level ≥5 µg/dL)
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Lymphogranuloma venereum (LGV)
- Malaria
- Measles (rubeola)
- Melioidosis
- Meningitis, bacterial or mycotic
- Meningococcal disease
- Mercury poisoning
- Mumps
- Neonatal abstinence syndrome (NAS)
- Neurotoxic shellfish poisoning
- Paratyphoid fever (Salmonella serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- Pertussis

- Pesticide-related illness and injury, acute
- Plaque
- ! Poliomyelitis
- Psittacosis (ornithosis)
- Q Fever
- Rabies, animal or human
- ! Rabies, possible exposure
- Ricin toxin poisoning
- Rocky Mountain spotted fever and other spotted fever rickettsioses
- I Rubella
- St. Louis encephalitis
- Salmonellosis
- Saxitoxin poisoning (paralytic shellfish poisoning)
- Severe acute respiratory disease syndrome associated with coronavirus infection
- Shigellosis
- ! Smallpox
- Staphylococcal enterotoxin B poisoning
- Staphylococcus aureus infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- Streptococcus pneumoniae invasive disease in children <6 years old
- Syphilis
- Syphilis in pregnant women and
- neonates
 Tetapue
- Trichinallasia /tri
- Trichinellosis (trichinosis)
- Tuberculosis (TB)
- ! Tularemia
- Typhoid fever (Salmonella serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- Vibriosis (infections of Vibrio species and closely related organisms, excluding Vibrio cholerae type O1)
- ! Viral hemorrhagic fevers
- West Nile virus disease
- ! Yellow fever
- . ! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

*Subsection 381.0031(2), Florida Statutes, provides that *Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.* Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that *The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."





Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016 (laboratory reporting requirements differ)

Patient Information				Medical Info	rmation				
SSN:				MRN					
Last name:				Date onset:	:		Dat	e diagno	osis:
First name:	•			_ Died:	O Yes	O No	_ O Unl	known	
Middle:				– Hospitalized:	O Yes	O No	O Unl	known	
Parent name:					Hospital name	e.			
Gender:		If female,	O Yes	_	Date admitte			Date disc	harned.
Gender.	O Female	pregnant:			Date damitte	u		Date disc	inarged.
	O Unknown		O Unknown	Insurance					
Birth date:		Death date:		Treated	O Yes	O No	O Unl	known	
	O American Indian/A		O White	_	Specify				
Nace.	Asian/Pacific islan		O Other		treatment:				
	O Black		O Unknown						
Ethnicity:				Laboratory	UYAS	O No	O Unl	known	Attach laboratory
	■ Non-Hispanic			testing					result(s) if available
	☐ Unknown								
Address:				Provider Inf	ormation				
ZIP:	Count	y:		_ Physician:	:				
City:			State:	Address					
Home phone:				City	<u> </u>			State:	ZIP:
Other phone:				Phone	:				
Emergency phone:				Fax					
Email:				Email:	:				
To obtain local county health o	department contact information, HIV/AIDS Confidential Case Report	see www.FloridaHealth.gov/CHD	DEpiContact. See www.F	FloridaHealth.gov/DiseaseRepo	rting for other repor	ting question	s. HIV/AID	S and HIV-ex	posed newborn notification
people <13 years old. Please co	intact your county health departmenthe Agency for Health Care Admini	it for these forms (visit www.Flori	idaHealth.gov/CHDEpiCo	ontact to obtain contact information	n). Congenital anon	naties and nec	onatal abst	ınence syndr	ome notification occurs when
other notifications should be to the	he CHD where the patient resides.	stration in its inpatient discharge	data report pursuant to	Chapter 39E-7 FAC. Cancer hou	ication should be dire	cuy to the Flor	ida Cancer	Data System	(nup.//icos.med.miami.edu). Ali
Reportable Disea	ases and Condition	ns in Florida	Notify upor	n suspicion 24/7 by	phone ¶	R Notify	y upon	diagnos	sis 24/7 by phone
							_		
Amebic encephalitis		Gonorrhea		Melioidosis					occus aureus infection, ate or full resistance to
Anthrax		Granuloma inguinale		Meningitis, bac	-			vancomyc	in (VISA, VRSA)
☐ Arsenic poisoning	• -	Haemophilus influenza disease in children <5 y		■ Meningococcal					ccus pneumoniae invasive children <6 years old
Arboviral diseases not	otherwise listed	Hansen's disease (lepr	rosy)	☐ Mercury poison	ing			Syphilis	
 □ Babesiosis I □ Botulism, foodborne, w 		Hantavirus infection		☐ Mumps				Syphilis in neonates	pregnant women and
unspecified		Hemolytic uremic synd	rome (HUS)	Neurotoxic shell				Tetanus	
☐ Botulism, infant	_	Hepatitis A		serotypes Para	typhi A, Paratypl	hi B,		Trichinello	osis (trichinosis)
☐ Brucellosis	_	Hepatitis B, C, D, E, ar		and Paratyphi (3)			Tuberculo	sis (TB)
☐ California serogroup vi	rus disease L	Hepatitis B surface ant women and children <2		Pesticide-relate	ed illness and inju	JIY.		Tularemia	
☐ Campylobacteriosis		Herpes B virus, possibl	le exposure	acute				Typhoid fe Typhi)	ever (Salmonella serotype
☐ Carbon monoxide pois	oning	Herpes simplex virus (I <60 days old with disse	HSV) in infants	☐ Plague					ver, epidemic
Chancroid		infection and liver invol	vement;	Poliomyelitis	·** ! - >			Vaccinia d	disease
Chikungunya fever		encephalitis; and infect skin, eyes, and mouth;		☐ Psittacosis (orn ☐ Q Fever	itnosis)			Varicella (chickenpox)
Chikungunya fever, loo	_	in children <12 years o	ld	Rabies, animal	or human		! 🗆	Venezuela	an equine encephalitis
☐ Chlamydia ☐ Cholera (Vibrio cholera	se type O1)	associated laryngeal pa	apillomas or	Rabies, animal					infections of Vibrio species ly related organisms,
☐ Ciguatera fish poisonin		recurrent respiratory pa children <6 years old; a		Ricin toxin pois			_	excluding	Vibrio cholerae type O1)
☐ Conjunctivitis in neona		papillomas in children	≤12 years old	☐ Rocky Mountain	n spotted fever a	ind		Viral hemo	orrhagic fevers
☐ Creutzfeldt-Jakob dise	(O ID)	Influenza A, novel or pa		other spotted fe	ever rickettsioses	5		West Nile	virus disease
☐ Cryptosporidiosis	asc (602)	Influenza-associated point children <18 years o		Rubella	b - 1141 -			Yellow fev	
☐ Cyclosporiasis		Lead poisoning (blood		☐ St. Louis encep ☐ Salmonellosis	naiitis		•	Zika fever	
Dengue fever		≥5 ug/dL) Legionellosis		☐ Salmonellosis ☐ Saxitoxin poiso	ning (paralytic st	nellfish			of any disease, any case, cases, or exposure to an
□ Diphtheria		Leptospirosis		poisoning)				infectious	or non-infectious disease, or agent found in the
☐ Eastern equine enceph		Listeriosis		Severe acute re syndrome asso	espiratory diseas ciated with coror			general co	ommunity or any defined
☐ Ehrlichiosis/anaplasmo		Lyme disease		infection					g., hospital, school, other not listed above that is of
Escherichia coli infection	01: 1:	Lymphogranuloma ven	ereum (LGV)	Shigellosis				urgent put	blic health significance.
producing Giardiasis, acute	_	Malaria		Smallpox	antanatoria B			specify in	comments below.
Glanders	! =	Measles (rubeola)			enterotoxin B po	oisoning			
Comments:							7	Coming	,
									's Reportable?" app and Android